

**MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH**

Do not use this space.

**25998**

**1. PLACE OF DEATH**

27 County Copier  
22 Township  
4 City Bonville (No. \_\_\_\_\_, \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_)

Registration District No. 218  
Primary Registration District No. 2015

File No. \_\_\_\_\_  
Registered No. 78

**2. FULL NAME**

Mrs. Katherine Margaret Craig  
(a) Residence, No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode)  
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Hugh L. Craig  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 24 - 1885  
7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
77 8 5

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. -  
10. Date deceased last worked at this occupation (month and year) - 11. Total time (years) spent in this occupation -

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Lexington Ky.

13. NAME George Wood

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Grays and England

15. MAIDEN NAME Mary E. Corns

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) England

17. INFORMANT (ADDRESS) Mrs. H. D. Driggs, Bonville, Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Grave Rock DATE Aug 31

19. UNDERTAKER (ADDRESS) T. W. Campbell, Marshall, Mo.

20. FILED Aug 31 1933 D. B. W. Boyworth Registrar

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8-29-1933

22. I HEREBY CERTIFY, That I attended deceased from Mar 18th - Aug 29th - 1933, to Aug 29th - 1933  
I last saw her alive on Aug 29th - 1933. Death is said to have occurred on the date stated above, at 7:30 a.m.  
The principal cause of death and related causes of importance were as follows:

Carcinoma of Stomach + Colon  
Exact date of onset unknown  
but about 18 months ago.

Other contributory causes of importance: 40

Name of operation none Date of \_\_\_\_\_

What test confirmed diagnosis? clinical Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_

Where did injury occur? \_\_\_\_\_ (Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury \_\_\_\_\_

Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify \_\_\_\_\_

(Signed) H. D. Driggs, M. D.

(Address) Bonville, Mo.

SEP 26 1933

2

8

8

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

